ر	PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003 10/165193 2 7 6 5 1 4 3												
CLAIMS AS FILED - PART I SMALL ENTITY. OTHER THAN (Column 1) (Column 2) TYPE OR SMALL ENTITY													
TOTAL CLAIMS			7					RATE	FEE	1	RATE	FEE ·	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OA	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			. minus 20=		•			X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			minus 3 =					X43=			X86=		
M	JLTIPLE DEPE	NDENT CLAIM P	RESENT -							OR			
• *	the difference		+145=	5	OR	+290=							
- 12.0Ca											TOTAL		1
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	OTHER SMALL I		
AMENDMENT A	2/10/06	CLAIMS REMARKING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	EST SER JUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL	-
	Total	. 7	Minus	- 6	20	· O		X\$ 9=	,	OR	X818=		
	Independent	. 7	Minus	~	3	- O		X43=		OR	X86=		l
5	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		1	+290=	_	
<u> </u>										OR	TOTAL		
ADDIT. FEEOH ADDIT. FEEOH													
AMENDMENT B	OTTOT	(Column 1) CLAIMS		(Colum	EST	(Column 3)	ſ		ADDI-	\backslash		ADDI-	İ
	2/24/06	REMAINING AFTER AMENDMENT		PREVIO PAID I	USLY	PRESENT EXTRA	1	RATE	TIONAL FEE		RATE	TIONAL	
	Total	- MARENDALENT	Minus	- 2	0	s		X\$.9=	766	OR	X\$18=	, r 6.þ-	
	incependent	- 2	Minus	مر	3	-	1	X43=			X86=		
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							A43=		OR	A60=	-	
+145= OR +29											+290=		
											ADDIT. FEE		\
		(Column 1)	·	(Colum		(Column 3)		•					
ENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	IER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Ş	Total	•	Minus	••		2	ſ	X\$ 9=		OR	X\$18=		
AMENDMENT	Independent	•	Minus	940		a	+	X43=			X86=		
4	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						1			OR			
#145= OR +290=													
"If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE OR ADDIT. FEE OR OR OR ADDIT. FEE													
		ther Previously Paid					four	nd in the app	ropriate box	in col	umn 1.		

FORM PTO-675 (Rev 10:03)